State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Yale University Child Study Center Outpatient Clinic	
Doing Business As	Licensed Outpatient Psychiatric Clinic for Children and Adolescents	
Name of Parent Corporation	Yale University	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	230 South Frontage Road New Haven, CT 06520	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Paula Armbruster, MA, MSW Associate Clinical Professor Director, Outpatient Services	
Contact person's street mailing address	294 Lawrence St. New Haven, CT 06511	
Contact person's phone, fax and e-mail address	203.785.6252 (p) 203.737.5455 (f) paula.armbruster@yale.edu	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:
Termination of license for the Treatment of Substance Abusive or Dependent Persons

b. Location of proposal (Town including street address):
230 South Frontage Road, New Haven, CT 06520

c. List all the municipalities this project is intended to serve:
New Haven and Connecticut

d. Estimated starting date for the project:
30 September 2005

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E	P		E	P		E	P	
☐	☑	Acute Care Hospital	☐	☐	Imaging Center	☐	☐	Cancer Center
☑	☐	Behavioral Health Provider	☐	☐	Ambulatory Surgery Center	☐	☐	Primary Care Clinic
☐	☐	Hospital Affiliate	☐	☐	Other (specify):_____			

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: $ N/A

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	$
Fair Market Value of Leased Equipment	

Total Capital Cost	$

Major Medical and/or imaging equipment acquisition: N/A

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source: N/A

☐ Operating Funds ☐ Lease Financing ☐ Conventional Loan

☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding

☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION IV. PROPOSAL DESCRIPTION

1. The Clinic provides psychiatric evaluation and treatment of children, adolescents and families. The clinic holds no Department of Public Health license other than the License for Substance Abusive or Dependent Persons, which expired on 30 September 2005 and which we chose not to renew.

2. Termination of Licensure for Substance Abusive or Dependent Persons; no DPH licensure categories will be sought.

3. No.

4. No one currently served under the License for Substance Abusive and Dependent Persons; no one to be served upon its termination (N/A).

5. No service required; N/A.

6. No payment required; N/A.

SECTION V. AFFIDAVIT

Applicant: Paula Armbruster

Project Title: Termination of license for the Treatment of Substance Abusive or Dependent Persons

I, Paula Armbruster (Name), Director, Outpatient Services (Position – CEO or CFO)
of Yale University Child Study Center Outpatient Clinic being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Yale University Child Study Center Outpatient Clinic (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Paula Armbruster
Signature

12/02/2005
Date

Subscribed and sworn to before me on December 2, 2005

Kathleen A. Czarniak
Notary Public/Commissioner of Superior Court

My commission expires: July 31, 2009

Kathleen A. Czarniak
~~Notary Public~~
My Commission Expires July 31, 2009

Form 2020
Revised 7/02

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0249

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale University, School of Medicine, Child Study Center of New Haven, CT, d/b/a Yale University, School of Medicine, Child Study Center is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Yale University, School of Medicine, Child Study Center is located at 230 S. Frontage Road, New Haven, CT 06520 with:

Alan E. Kazdin, Ph.D. as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2003. RENEWAL.

License revised to reflect:
CHANGE OF EXECUTIVE DIRECTOR EFF: WITH RENEWAL

J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner